| STANDARD CERTIFICATE OF DEATH  a. COUNTY  BOONE  1. PLACE OF DEATH  a. COUNTY  BOONE  C. CITY (If concided components limits, write RURAL and gives an example)  D. CITY (If concided components limits, write RURAL and gives an | D. 300    | THE DIVISION OF HEALTH OF MISSOURI   |   |  |                             |   |                |                    | 7656        |             |                |
|--|-----------|--|---|--|-----------------------------|---|----------------|--------------------|-------------|-------------|----------------|
| 1. FLACE OF DEATH 2. COUNTY 3. COUNTY 3. COUNTY 3. STATE 3. STATE and servants limits, write RURAL and give 1. STATE desired servants limits, write RURAL and give 1. STATE desi |           | HUŁU API   | R 10 1950   | STANDA                                 | RD CERTIF                   | FICATE OF DE                            | ATH            | State              | File No     |             | <b>30</b>      |
| a. COUNTY BOONE  D. CITY (II orbides corporate limits, write RURAL and effect production of the shapehold of | л         |  |   |  |                             |   |                |                    |             |             |                |
| BOONE  CITY (II concides compress limits, write RURAL and give grandles)  STAY (is the space)  STAY (is the space) | DU        |  | ATH   |  |                             | 2. USUAL RESI                           | DENCE (        | Where deceased liv | ed. If ins  | titution: n | midence before |
| D. C. W. C. OLUMD 18  G. FULL NAME OF (If so to beopried or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution, girs steat saferne or benship)  G. FULL NAME OF (If so to benjoid or institution)  HOUSE OF Principles or Principles or Institution of the saferne or Institute  | الع       | a. COON: Y   | Boone   |  |                             | Missou                                  | ıri            | b. COU             | NTY<br>Boi  | one .       | ad mission).   |
| TOWN Columbia (Fig. 1) Columbi | 2         | b. CITY (If outside corporate limits, write RURAL and give   C. LENGTH OF  |   |  |                             | C. CITY (If outside a                   | orporate limit | b, write RURAL an  | d give town |             | 100            |
| d. FULL MANE OF the sold begins  | 0         | TOWN   |   |  | Town Columbia ru            |   |                |                    | inl         | P           |                |
| MAUDIE  THORNTON  DEATH March 26 1950  1. SEX  S. SEX  S. COLOR RACE  White  White  Who are proposed by the proposed of the pr | E         | d. FULL NAME OF  | d. STREET   |  |                             |   | 1 141          | <del></del>        |             |             |                |
| MAUDIE  THORNTON  DEATH March 26 1950  1. SEX  S. SEX  S. COLOR RACE  White  White  Who are proposed by the proposed of the pr | ည         | INSTITUTION  | 4   |  |                             |   |                |                    |             |             |                |
| MAUDIE  THORNTON  DEATH March 26 1950  1. SEX  S. SEX  S. COLOR RACE  White  White  Who are proposed by the proposed of the pr | RE        | 3. NAME OF   | a. (First)  | b. 1                                   | Middle)                     |   | ` `            | 4. DATE            |             |             | (Year)         |
| 5. SEX    S. COLOR OR RACE   NAMARRED. NEVER MARRIED. NEVER NEVER MARRIED. NEVER NA NEVER MARRIED. NEVER NA NEVER NEVER NEVER NEVER NA NEVER  |           |  | MAUDIE  |  |                             | THORNTON                                |                | DEATH MA           | rch 2       |             |                |
| 13.6. FATHER'S NAME  | EN        | 5. SEX   6.  | COLOR OR RACE   | Married /                              |                             |   |                | 9, AGE (In year    | # WOOD      | 1 YEAR   II | TOWNER M HRS.  |
| 13.6. FATHER'S NAME  | Z         | Female /   | White   |  |                             | June 15, 1801                           |                |                    |             | Days E      | Iours   Min.   |
| 13.6. FATHER'S NAME  | W         | 10a. USUAL OCCUPATIO   | ON (Clive kind of work  |  |                             |   |                | <del></del>        | 7/ 1        | 12. CITIZ   | EN OF WHAT     |
| 13.6. FATHER'S NAME  | E         | HOUSEW1  | ng ille, even if retired)<br>I C  | Home                                   |                             | Howard Co                               | untv           | Missour            | 10          | COUNT       | RY7            |
| 18. WAS DECASED EVER IN U.S. ARIMED FORCES? (16. SOCIAL SECURITY NO. WITH. E. Thornton Columbia. Mo. DIRECTLY LEADING TO DEATH* (a) Columbia. Mo. DIRECTLY LEADING TO DEATH* (b) Columbia. Mo. DIRECTLY LEADING TO DEATH* (a) Columbia. Mo. DIRECTLY LEADING TO DEATH* (b) Columbia. Mo. DIRECTLY LEADING TO DEATH* (a) Columbia. Mo. DIRECTLY LEADING TO DEATH* (b) Columbia. Mo. Antecedent of dring, ruch as heart fedure, arthenia, etc. It means the distance as heart fedure, as heart fedure, as heart fedure, as the activation which coused death.  19a. DATE OF OPERA. TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Breetly) 19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., the or should good to the disease or condition counting death.  21c. I hereby certify that I attended the deceased from William of the death occurred at I. 30 m. from the causes and on the date stated above.  22a. SIGNATURE WILLIAM OF THE SIGNATURE OF OPERATION WILLIAM OF THE SIGNATURE OF THE  | Pi        |  |   |  |                             |   |                |                    |             |             | <del></del>    |
| 18. WAS DECASED EVER IN U.S. ARIMED FORCES? (16. SOCIAL SECURITY NO. WITH. E. Thornton Columbia. Mo. DIRECTLY LEADING TO DEATH* (a) Columbia. Mo. DIRECTLY LEADING TO DEATH* (b) Columbia. Mo. DIRECTLY LEADING TO DEATH* (a) Columbia. Mo. DIRECTLY LEADING TO DEATH* (b) Columbia. Mo. DIRECTLY LEADING TO DEATH* (a) Columbia. Mo. DIRECTLY LEADING TO DEATH* (b) Columbia. Mo. Antecedent of dring, ruch as heart fedure, arthenia, etc. It means the distance as heart fedure, as heart fedure, as heart fedure, as the activation which coused death.  19a. DATE OF OPERA. TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Breetly) 19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., the or should good to the disease or condition counting death.  21c. I hereby certify that I attended the deceased from William of the death occurred at I. 30 m. from the causes and on the date stated above.  22a. SIGNATURE WILLIAM OF THE SIGNATURE OF OPERATION WILLIAM OF THE SIGNATURE OF THE  | 4         | Wm. E. Cal   | lvert   | ומA                                    | nie W. R                    | i ce                                    | Wm             | E Th               | orato       | an (        | Columb         |
| 18. CAUSE OF DEATH Enter only one-custor per lime for (a), (b), and (c)  *This does not mean the mode of dying, such as the other above course (a) stating the waterighing cause leaf.  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  Conditions, if any, giving DUE TO (b)  In OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERA:  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (a.g., to or above bound, and the death operation)  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Hour)  22d. BURIAL (REMA)  MAY 28, 1950 (Month) (Day) (Year) (Hour)  22d. DURIAL (RE | KE        | 15. WAS DECEASED EVE   | R IN U.S. ARMED   | ORCES?   16. SO                        | RCES? I 16. SOCIAL SECURITY |   |                | ATURE OR NA        | ME          |             | DDRESS         |
| 18. CAUSE OF DEATH Enter only one-custor per lime for (a), (b), and (c)  *This does not mean the mode of dying, such as the other above course (a) stating the waterighing cause leaf.  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  Conditions, if any, giving DUE TO (b)  In OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERA:  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (a.g., to or above bound, and the death operation)  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Hour)  22d. BURIAL (REMA)  MAY 28, 1950 (Month) (Day) (Year) (Hour)  22d. DURIAL (RE | ΔM        |  | Wm. E. Thornton Columbia, Mo  |  |                             |   |                |                    |             |             |                |
| ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving as heart fallure, exthenia, it to the above cause (a) adding the east, injury, or complication which caused death.  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Bpecity)  SUICIDE  HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  OF INJURY  21d. TIME (Month) (Day) (Year) (Hour)  MORK AT WORK  21d. TIME (Month)  DUE TO (c)  21d. TIME (Month)  OF INJURY  21d. TIME (Month)  DUE TO (c)  21d. TIME (Month)  TO (Tear) (Hour)  DUE TO (c)  21d. TIME (Month)  DUE TO (CITY, TOWN, OR TOWNSHIP)  DUE TO (COUNTY)  (STATE)  WORK AT WORK  21d. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK  22d. BURIAL, CREMA-  TION, REMOVAL (Repeats)  BUTIAL  MAY. 28, 19 50 Memorial Park  Columbia, Mo.  DATE REC'D BY LOCAL  MAY. 28, 19 50 Memorial Park  Columbia, Mo.  ADDRESS  REG.  MAY. 3D 145D  MAY. 28, 19 50 Memorial Park  DATE REC'D BY LOCAL  MAY. 3D 145D   | 1 1       | 18. CAUSE OF DEATH  Enter only one course per 1 DISEASE OR CONDITION  Enter only one course per 1 DISEASE OR CONDITION  CONTRACTOR OF DEATH  OF THE PROPERTY O |   |  |                             |   |                |                    |             |             | AL BETWEEN     |
| ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving as heart fallure, exthenia, it to the above cause (a) adding the east, injury, or complication which caused death.  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Bpecity)  SUICIDE  HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  OF INJURY  21d. TIME (Month) (Day) (Year) (Hour)  MORK AT WORK  21d. TIME (Month)  DUE TO (c)  21d. TIME (Month)  OF INJURY  21d. TIME (Month)  DUE TO (c)  21d. TIME (Month)  TO (Tear) (Hour)  DUE TO (c)  21d. TIME (Month)  DUE TO (CITY, TOWN, OR TOWNSHIP)  DUE TO (COUNTY)  (STATE)  WORK AT WORK  21d. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK  22d. BURIAL, CREMA-  TION, REMOVAL (Repeats)  BUTIAL  MAY. 28, 19 50 Memorial Park  Columbia, Mo.  DATE REC'D BY LOCAL  MAY. 28, 19 50 Memorial Park  Columbia, Mo.  ADDRESS  REG.  MAY. 3D 145D  MAY. 28, 19 50 Memorial Park  DATE REC'D BY LOCAL  MAY. 3D 145D   | NK        |  |   |  |                             |   |                |                    |             |             | AND DEATH      |
| Morbid conditions, if any, giring DUE TO (b)  Morbid conditions, if any, giring DUE TO (c)  Is mode of sting, such as heart falture, authents, as heart falture, authents, the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITION  ISD. MAJOR FINDINGS OF OPERATION  ISD. MAJOR FINDINGS OF OPERATION  20. AUTOPSY  NEEL OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Mosth) (Day) (Test) (Elout)  21d. TIME (Mosth) (Day) (Test) (Elout)  21d. TIME (Mosth) (Day) (Test) (Elout)  21d. INJURY OCCURRED OF INJURY OCCURRED WHILE AT MORWING  22d. Hereby certify that I attended the deceased from Work AT WORK  23a. SIGNATURE  24a. BURIAL, CREMA  24b. DATE  25c. DATE SIGNATURE  26c. DATE SIGNATURE  27c. DATE SI | - 13      | Time for (a), (b), and (c)   | 0   |  |                             |   | <del> </del>   | <del></del>        |             |             |                |
| DUE TO (c)  It means the discussed from thick caused death.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rich which caused death.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rich death of the death but not rich death  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rich death of the de | 5         |  | reprio  | ww                                     |                             |   |                |                    |             |             |                |
| DUE TO (c)  It means the discussed from thick caused death.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rich which caused death.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rich death of the death but not rich death  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rich death of the de | 1         | as heart fallure, asthenia,  | <del></del>   |  |                             | ·· •                                    | 1              |                    |             |             |                |
| Tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition consisting death.  19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (s.g., to or about 5 life, color) 19c. ACCIDENT SUICIDE 21d. TIME (Month) (Day) (Test) (Elost) 21e. INJURY OCCURRED 19b. MALILAT 10b. WHILLAT 10c. WILLIAM 19b. (And I death occurred at 7:30A m., from the causes and on the date stated above. 21c. I hereby certify that I attended the deceased from MAJOR 12b. ADDRESS 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. NAME OF CEMETERY ON CREMATION 22d. LOCATION (City, town, or county) 22d. LOCATION (City, town, or county) 22d. DATE SIGNATURE 22d. REGISTRAR'S SIGNATURE 22b. PUMPRAL DIRECTOR'S SATINGE 22c. ADDRESS 22c. Major 30 1950 22c. DATE SIGNATURE 22c. NAME OF CEMETERY ON CREMATION 22d. LOCATION (City, town, or county) 22c. DATE SIGNATURE 22c. NAME OF CEMETERY ON CREMATION 22d. LOCATION (City, town, or county) 22c. DATE SIGNATURE 22c. NAME OF CEMETERY ON CREMATION 22d. LOCATION (City, town, or county) 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. NAME OF CEMETERY ON CREMATION 22d. LOCATION (City, town, or county) 22d. DATE SIGNATURE 22c. DATE SIGNATURE 22c | ll ll     |  | the undertying cuu  | es tust.                               |                             |   |                |                    |             | •           |                |
| 21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., in or about HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from Manual Park  22g. Signature  22g. Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date S | N. C.     |  |   | ICANT CONDITION                        | is                          |   |                |                    |             |             | - 1            |
| 21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., in or about HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from Manual Park  22g. Signature  22g. Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date S | i i       |  | Conditions contributing to the death but not related to the disease or condition causing death. |  |                             |   |                |                    |             | 136         | 3) N           |
| 21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., in or about HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from Manual Park  22g. Signature  22g. Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date S | FΛ        | 19a. DATE OF OPERA-  |   |  | -                           |   |                |                    |             | 20. AUT     | TOPSY1         |
| 21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., in or about HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from Manual Park  22g. Signature  22g. Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date Signature  22g. Date Signature  22g. Name of Cemetery or Greenatory  22g. Date Signature  22g. Date S | Z         | TION   |   |  |                             |   |                |                    | _ m [X      |             |                |
| HOMICIDE  21d. TIME (Month) (Day) (Tear) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  WHILE I NOT WHILE   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from   Mork   2   1950, to   Month   2   1950, that I last saw the deceased alive on   Most   2   1950, and that death occurred at 7:30A m., from the causes and on the date stated above.  23a. SIGNATURE   24c. NAME OF CEMETERY OF CREMATION   23d. LOCATION (City, town, or county)   (Station, REMOVAL (Appendix)   Mar. 28, 1950   Memorial   Park   Columbia, No.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25. FUMERAL DIRECTOR'S STATURE   ADDRESS   R.O. Willett   Month   Month   25. FUMERAL DIRECTOR'S STATURE   ADDRESS   R.O. Willett   Month   Mon |           | 21a. ACCIDENT  | (Specify) 2   | 16. PLACE OF INJURY (e.g., in or about |                             | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) |                |                    | UNTY)       | •           |                |
| 22. I hereby certify that I attended the deceased from MM /2, 1950, to Man /2, 1950, that I last saw the deceased alive on MM /2, 1950, and that death occurred at 7:30A m., from the causes and on the date stated above.  23a. SIGNATURE  24a. BURIAL CREMA- TION, REMOVAL (aposity)  Mar. 28, 1950  Memorial Park  Columbia, No.  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  Mar. 30 1950  Mys. REGISTRAR'S SIGNATURE  REG.  May 30 1950  Mys. REGISTRAR'S SIGNATURE  REG.  May 30 1950  Mys. REG.  REG.  Mys. REG.  Mys. D. R.O. Willett  | ž         | HOMICIDE   | <sup>1</sup>  | oome, farm, factory, st                |                             |   |                |                    |             |             |                |
| 22. I hereby certify that I attended the deceased from MM /2, 1950, to Man /2, 1950, that I last saw the deceased alive on MM /2, 1950, and that death occurred at 7:30A m., from the causes and on the date stated above.  23a. SIGNATURE  24a. BURIAL CREMA- TION, REMOVAL (aposity)  Mar. 28, 1950  Memorial Park  Columbia, No.  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  Mar. 30 1950  Mys. REGISTRAR'S SIGNATURE  REG.  May 30 1950  Mys. REGISTRAR'S SIGNATURE  REG.  May 30 1950  Mys. REG.  REG.  Mys. REG.  Mys. D. R.O. Willett  | 85        | 21d. TIME (Month)  | (Day) (Year) (  |  |                             | 211. HOW DID INJUR                      | Y OCCUR?       |                    |             | -           |                |
| 24a. BURIAL. CREMA- 34b DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (Station, REMOVAL (Reportly)   Mar. 28, 1950   Memorial Park   Columbia, Mo.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S STATURE   ADDRESS   Mar. 30 1950   Mys. R.E. Palmor. D R.O. Willett   Columbia   Address   Mar. 30 1950   Mys. R.E. Palmor. D R.O. Willett   Columbia   R.O. Willett   Columbia   Columbia  | - Î       | INJURY   |   | WHILEAT WORK                           | AT WORK                     | ł                                       |                |                    |             |             |                |
| 24a. BURIAL. CREMA- 34b DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (Station, REMOVAL (Reportly)   Mar. 28, 1950   Memorial Park   Columbia, Mo.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S STATURE   ADDRESS   Mar. 30 1950   Mys. R.E. Palmor. D R.O. Willett   Columbia   Address   Mar. 30 1950   Mys. R.E. Palmor. D R.O. Willett   Columbia   R.O. Willett   Columbia   Columbia  | ĘŽ        |  |   |  |                             |   |                |                    |             |             |                |
| 24. BURIAL CREMA- 346 DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (Station Removal Reportly)   Mar. 28,1950   Memorial Park   Columbia, Mo.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S STATURE   ADDRESS   Mar. 30 1950   Mys. R.E. Palmox   D. R.O. Willett   C. Uttifical umbia   |           | alive on Wes /2. 19.50 and that death occurred at 7:30 A. m. from the causes and on the date stated above.   |   |  |                             |   |                |                    |             |             |                |
| 24. BURIAL CREMA- 346 DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (Station Removal Reportly)   Mar. 28,1950   Memorial Park   Columbia, Mo.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S STATURE   ADDRESS   Mar. 30 1950   Mys. R.E. Palmox   D. R.O. Willett   C. Uttifical umbia   | ן בַּ     |  |   |  |                             |   |                |                    |             |             | TE SIGNED      |
| Mar 30 1950 Mrs. RE Palmor D R.O. Willett Mount Adoress  REG. Mrs. RE Palmor D R.O. Willett  | 118       | Jell   | 04/2  | vull                                   | UMIQU                       | Colin                                   | uli            | e W                | 10.         | 3-2         | ?858           |
| Mar 30 1950 Mrs. RE Palmor D R.O. Willett Mount Adoress  REG. Mrs. RE Palmor D R.O. Willett  | E         | 24a. BURIAL, CREMA   | -   246/ DATE   | 24c. NA                                | ME OF CEMETER               | Y OR CREMATORY                          | 24d. LOCA      | TION (City, tow    | n, or coun  | ty)         | (State)        |
| Mar 30 1950 Mrs. RE Palmor D R.O. Willett Mount Adoress  REG. Mrs. RE Palmor D R.O. Willett  | <b>₹0</b> | Burial   | Colu  | umbia, N                               | iο.                         |   |                |                    |             |             |                |
| Mar 30 1950 Mrs. RE Palmok D R.O. Willett / Worth Golumbia   |           | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2 25. FUNERAL DIRECTOR'S SATISTURE ADD   |   |  |                             |   |                |                    |             | DRE SS      |                |
|  | -         |  |   | E Palm                                 | • • •                       | R.O. W111                               | ett 🖊          | TULDO              | XHK.        | e Jun       | ıbia İ         |
| ·  | LŞ        | <u> </u>   |   | (Licer                                 | sed Embelmer's              | tatement on Reverse S                   | ide)           | 1/                 | -1          | 7           |                |

District Health Officer No. 9, E A9A RECEIVED

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Licensed Embalmer No. 40

P. O. Address 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply v

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

'Student Embalmer